

INTERAGENCY COORDINATING COUNCIL
COMMITTEE MINUTES

COMMITTEE OF THE WHOLE

RECORDER: Cheryl Holden

DATE: January 24, 2002

SUMMARY OF IMPORTANT POINTS

MEMBERS PRESENT: Raymond M. Peterson, M.D., Chair; George Chance, DSS; Marie Kanne Poulsen, Ph.D., Hallie Morrow, M.D., DHS; and Cheri Schoenborn, DDS.

Introductions & Announcements

Dr. Peterson welcomed everyone to the meeting and acknowledged Patty Moore who was participating on behalf of Mara McGrath as a representative of the Family Resource Center/Network of California. ICC members and persons in the audience provided self-introductions. Dr. Peterson reported that the Governor's Budget was released on January 10th. Dr. Peterson proposed that the ICC's March agenda include the development of a cohesive strategy to inform the Legislature of the importance of Early Start issues and a presentation by Dr. Morrow on the California Newborn Hearing Screening Program.

The ICC March meeting schedule was discussed. Members were asked to consider rescheduling the meeting due to its proximity to religious holidays during that week.

Discussion on Child Care Issues

Patty Moore, as Co-Chair of the Family Support Services Committee, led a panel presentation on information gathered to assist the ICC in developing strategies to improve child care for children with or at risk for disabilities birth to three years of age.

Ms. Moore discussed the *Position Statement on Child Care* approved by the ICC in November 1999. Ms. Moore reported that the recommendations approved at that time remain cogent today. Recommendations included:

1. Develop a statewide system of data collection to identify need and utilization of child care by families whose children have or are at risk for disabilities.
2. Establish consistent policies regarding the use, reimbursement and support for child care.
3. Support the expansion and availability of high quality child care in local communities for families of children with or at risk for disabilities.
4. Explore and identify successful and innovative models of integrated early intervention service delivery in child care and related settings.
5. Assist in improving the capacity of child care personnel to meet the needs of children with disabilities in their care.
6. Implement opportunities for full parent participation in the identification of and advocacy for child care as part of the early intervention program and/or as a setting for the provision of early intervention services.

7. Establish linkages and consistency within systems across age spans, including continuity of child care services for those children who remain eligible after age three.
8. Increase interagency collaboration through formal and informal agreements, memoranda of understanding and cooperative service delivery in support quality childcare services for children with or at risk for disabilities.

Ms. Moore then introduced other panel members who presented information requested from prior COTW meetings: Virginia Reynolds, Director of the WestEd Center for Prevention and Early Intervention (CPEI), Cheri Schoenborn, Chief of the Early Start State Services Section in the Department of Developmental Services (DDS), Kay Ryan, Executive Director of the Child Development Policy Advisory Committee, and Pamm Shaw also from WestEd CPEI. Virginia Reynolds presented information from a report titled "*Making a Difference in Child Care: Lessons Learned While Building the Military Child Development System*". The report detailed the process for implementing oversight, training and accreditation standards in military child care situations. The Military Child Care Act was passed in 1989 in response to a growing number of widely publicized child abuse cases. The Military Child Care Act required changes that affected the entire system and had three priority goals: 1) balance the needs of the family with the needs of the military; 2) promote the development of the child; and 3) provide parents with at least one affordable child care option for each child.

To achieve these goals, a flexible system of child care was needed. Three types of settings cover the needs of children from four weeks through 12 years of age. The settings offered include child development centers, family child care and school age care program. The program is the largest employer-sponsored child care program in the world, extending daily care to over 200,000 children, 40% of whom are under the age of three.

The military began a campaign to improve the system of care to demand safety and security for children at every level. Through the certification process and a strict routine of inspections and oversight a "fix, waive or close" policy was enacted to ensure corrective action. Department of Defense certification is required and is the equivalent of state licensing. An intense program of abuse awareness and a 24 hour, 1-800 hotline for reporting abuse was established. These steps helped to ensure "top to bottom" accountability in the system.

National accreditation led to significant improvements in the military's child care providers. A training and curriculum specialist was deployed to sites to provide mandatory training and professional development. Child care professionals were created through quality training, education and competency-based pay. Staff turnover rates decreased from 300% per year to 40% per year as a result of enhanced training and compensation.

Cost sharing methods were developed in order to make child care affordable for parents. As an employer-sponsored program, Military Services shares costs with parents. Fees are based on a sliding scale allowing lower-income families to pay lower fees. Additionally, 100% of the government share goes directly to the program and allows for quality improvements.

The military's model could serve as a guide for creating quality civilian child care programs. Through their lessons learned we might find strategies to improve the quality of child care for all children. "*Making a Difference in Child Care: Lessons Learned While Building the Military Child Development System*" is attached.

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Cheri Schoenborn presented data from DDS reflecting the Purchase of Service amounts expended by regional centers on child care and similar services in FY 00-01 for children birth to age five. Ms. Schoenborn described different types of respite and family support services. She explained that child care may be indicated on the Individualized Family Services Plan (IFSP) and that the regulations are clear that child care is not a required early intervention service under the California Early Intervention Services Act. Ms. Schoenborn shared that the Lanterman Developmental Disabilities Services Act addresses child care and specifies that when purchasing or providing child care [day care], the regional center may only pay the cost that exceeds the cost of providing child care [day care] to a child without disabilities. Data tables presented by Ms. Schoenborn are attached.

Kay Ryan presented information about the subsidized child care system provided through the California Department of Education and the Department of Social Services. Ms. Ryan discussed the reductions proposed in the Governor's Budget for child care. Currently, families are eligible for a child care subsidy if their income is 75% of the state median income. The proposal includes changing the income eligibility to 60% of the state median income level. Other proposed changes to eligibility criteria include consideration of geographic location, number hours worked per week and child reaching age 13. The Governor's Budget also proposes the elimination of the Child Development Policy Advisory Committee effective January 2003.

Pamm Shaw answered questions regarding subsidies or "set asides" currently in place for Head Start and Early Head Start programs as mandated in federal law.

Ms. Ryan and Ms. Shaw lead a discussion to identify and discuss current initiatives and resources directed towards increasing the availability of child care for children with disabilities and to determine what activities still need to be initiated and by whom. Strategies to mobilize the local child care planning commissions and communities to include children with disabilities were discussed. A grid was developed to provide a systematic review of who is involved at the state and local levels, articulate the issues, organize information, and develop an action plan.

All in attendance discussed the value of the information presented by the child care panel representatives as well as the information presented at the prior ICC meetings. Dr. Peterson requested that each committee review the information and recommend a course of action. Patty Moore and the Family Support Services Committee will take the lead for recommending next steps for the ICC concerning child care at the March meeting.

OSEP Visit

Cheri Schoenborn reported that the federal project officer from the Office of Special Education Programs (OSEP) would not be able to visit California in January. The visit is postponed to the spring of 2002. DDS continues to provide information to OSEP on continuous improvement activities. As details of the visit are confirmed, DDS will share information with the ICC. It is hoped that the visit will coincide with the May ICC meeting so the project officer can attend.

Future Agenda

It was agreed to that we would have a follow up presentation and discussion on child care issues during the March Committee of the Whole. It was also agreed that the correspondence regarding foster care issues would be reviewed. Finally, the ICC would work to develop strategies to inform legislators of the needs of Early Start infants and toddlers and their families during the current budget crisis.

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Agenda Review

Committee chairs reviewed the January 24th agendas. All the committees were invited to join the Public Awareness Committee at the beginning of the afternoon session for a presentation on Outreach to Foster Parents by Maureen Wilson, Outreach and Training Director at Frank D. Lanterman Regional Center.

Adjournment

With no additional business, the meeting was adjourned at 12:30 p.m.